

Camp Notre Dame 2025 Kids Kamp Application

Print and complete this form. Mail with **\$120** deposit per camper to:

**CAMP NOTRE DAME
PO BOX 74
FAIRVIEW, PA 16415-0074**

You will receive an email confirmation and health form upon receipt of this registration form and deposit.

Camper Information:

Camper's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Male: _____ Female: _____

Date of Birth: ____ / ____ / ____

Age on Arrival: _____

School Attending: _____

Parent Name(s): _____

Phone Number: (____) _____

Email (required): _____

To register additional campers, please complete, print, and mail a separate form for each camper.

Kids Kamp Sessions:

10 day maximum per summer

Camper ages: 4 - 8

Please select your preferred session(s):

WEEK 1: JUNE 23 - 27

WEEK 2: JUNE 30 - THURS. JULY 3**

WEEK 3: JULY 7 - 11

WEEK 4: JULY 14 - 18

WEEK 5: JULY 21 - 25

WEEK 6: JULY 28 - AUGUST 1

WEEK 7: AUGUST 4 - 8

Please select the day(s) your camper will attend:

FULL WEEK

TWO DAY WEEK - T/TH

THREE DAY WEEK - M/W/F

Camper Rates:

First Child:

\$230 full week

\$170 two day week

\$180 three day week

Second Child / Second Week:

\$210 full week

\$155 two day week

\$170 three day week

**Discounted Week 2 Rate:

\$206 full week

For the Record:

Child is a ____ first-time or ____ returning camper

How did you hear about Camp Notre Dame?

For Office Use Only:

Date Received: _____

Number of weeks attending: _____

Confirmed: _____

Total Fee: _____

Deposit: _____ Date: _____

Check Number: _____

Balance Due: _____ Date: _____

Check Number: _____